Date 02/04/2006

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Under the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR control numb Complete if Known Effective on 12/08/2004. Fees pursuanto the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/626,427 **Application Number** Filing Date 07/24/2003 For FY 2005 FEB 0 9 2006 First Named Inventor Alphons A. M. L. Brukers **Examiner Name** Temesghen Ghebretinsae Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2637 TOTAL ARMOUNT OF PAYMENT 620.00 Attorney Docket No. PHN 16,194R METHOD OF PAYMENT (check all that apply) Check ✓ Credit Card | Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments . under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 130 65 50 Plant 200 100 300 160 80 150 Reissue 300 500 600 150 250 300 Provisional 200 100 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims **Multiple Dependent Claims Total Claims Extra Claims** Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) Number of each additional 50 or fraction thereof Total Sheets Extra Sheets (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Fees for Appeal Brief and a Petition for one month extension SUBMITTED BY Registration No. Telephone (585) 381-9983 Signature amus / (Attorney/Agent)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type)/James D. Leimbach

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(to be used for all correspondence after initial filling)  Total Number of Pages in This Submission		Examiner Name Attorney Docket Number	Temesghe	en Ghebretinsae
ENCLOSURES (Check all that apply)				
Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declarat Extension of Time Reque Express Abandonment Re Information Disclosure St  Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing R	ion(s) st equest atement  Rema Enclose fees.	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on CD  Remarks  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  Enclosed is an Appeal Brief and a Petition for a One Month Extension of time and the required fees.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Name  LEIMBACH ASSOCIATES				
Signature Cami, A. Nurseu				
Printed name  James D. Leimbach				
Date February 4, 2006			Reg. No.	34,374
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James D. Leimbach

Typed or printed name

February 4, 2006